

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Christensen for Congress

ADDRESS (number and street)

220 W ALTA ROAD



Check if different than previously reported. (ACC)

Alta

WY

84341

2. FEC IDENTIFICATION NUMBER ▼

C

C00607176

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

WY

00

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the State of

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y

04

D D / Y Y Y Y

01

Y Y Y Y

2016

through

M M / D D / Y Y Y Y

06

D D / Y Y Y Y

30

Y Y Y Y

2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer William O. Driskill

Signature of Treasurer

William O. Driskill

[Electronically Filed]

Date

M M / D D / Y Y Y Y

07

D D / Y Y Y Y

15

Y Y Y Y

2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Christensen for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	31908.00	100988.00
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	31908.00	100988.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	43769.44	64291.63
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.10
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	43769.44	64291.53
8. Cash on Hand at Close of Reporting Period (from Line 27).....	43196.47	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	6500.00	

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

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FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Christensen for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	6

**I. RECEIPTS**
**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date
**11. CONTRIBUTIONS (other than loans) FROM:**

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

28675.00

90079.00

(ii) Unitemized.....

3233.00

8909.00

(iii) TOTAL of contributions from individuals ▶

31908.00

98988.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

0.00

2000.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

31908.00

100988.00

**12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....**

0.00

0.00

**13. LOANS:**

(a) Made or Guaranteed by the Candidate.....

0.00

6500.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

6500.00

**14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....**

0.00

0.10

**15. OTHER RECEIPTS (Dividends, Interest, etc.) .....**

0.00

0.00

**16. TOTAL RECEIPTS** (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

31908.00

107488.10

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 42

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	43769.44	64291.63
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	43769.44	64291.63

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	55057.91
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	31908.00
25. SUBTOTAL (add Line 23 and Line 24).....	86965.91
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	43769.44
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	43196.47

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 5 OF 42

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Christensen for Congress**

Full Name (Last, First, Middle Initial)

**RANDALL ATKINS****A.**

Mailing Address 50 PRIMROSE LANE

City

SHERIDAN

State

WY

Zip Code

82801-9066

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RAMACO, LLC

Occupation

MINING DEV

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		04		2016

**Transaction ID : SA11A.98**

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)

**MR NICK BEBOUT****B.**

Mailing Address 1606 MAJOR AVE

City

RIVERTON

State

WY

Zip Code

82501-8900

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFFC

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		15		2016

**Transaction ID : SA11A.128**

Amount of Each Receipt this Period

2500.00

☐ Memo Item  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)

**MR JOHN C. MCKINLEY****C.**

Mailing Address 8714 COWPOKE RD

City

CHEYENNE

State

WY

Zip Code

82009-1236

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

ATTORNEY

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		15		2016

**Transaction ID : SA11A.129**

Amount of Each Receipt this Period

500.00

☐ Memo Item  
 CONTRIBUTION
**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

4000.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 6 OF 42

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Christensen for Congress

Full Name (Last, First, Middle Initial)

MRS KATHLEEN F. MCKINLEY

Mailing Address 8714 COWPOKE RD

City

CHEYENNE

State

WY

Zip Code

82009-1236

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LARAMIE CO SCHOOL DISTRICT 1

Occupation

TEACHER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		15		2016

Transaction ID : SA11A.130

Amount of Each Receipt this Period

500.00

☐ Memo Item  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)

MR HORTON S. SPITZER

Mailing Address PO BOX 1307

City

WILSON

State

WY

Zip Code

83014-1307

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1150.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		15		2016

Transaction ID : SA11A.127

Amount of Each Receipt this Period

200.00

☐ Memo Item  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)

KEN LANTTA

Mailing Address 740 WEST 55TH STREET

City

CASPER

State

WY

Zip Code

82601-6436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

KDL CONSULTING, LLC

Occupation

OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

350.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		18		2016

Transaction ID : SA11A.132

Amount of Each Receipt this Period

250.00

☐ Memo Item  
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

950.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Christensen for Congress

Full Name (Last, First, Middle Initial)

H. MCGUIRE RILEY

A.

Mailing Address 6733 LEE HIGHWAY

City

ARLINGTON

State

VA

Zip Code

22205-1925

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BAHR ASSOCIATES, INC.

Occupation

BUSINESSMAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		26		2016

Transaction ID : SA11A.135

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)

OGDEN DRISKILL

B.

Mailing Address PO BOX 155

City

DEVILS TOWER

State

WY

Zip Code

82714-0155

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFFC

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		02		2016

Transaction ID : SA11A.138

Amount of Each Receipt this Period

500.00

☐ Memo Item  
 IN-KIND CONTRIBUTION

Full Name (Last, First, Middle Initial)

MR GEORGE R. WINTER

C.

Mailing Address N8526 LINDEN BEACH RD

City

FOND DU LAC

State

WI

Zip Code

54937-6124

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		04		2016

Transaction ID : SA11A.140

Amount of Each Receipt this Period

500.00

☐ Memo Item  
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2000.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 8 OF 42

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Christensen for Congress**

Full Name (Last, First, Middle Initial)

**DAVE KINSKEY****A.**

Mailing Address 614 MOUNTAIN SHADOWS BOULEVARD

City

SHERIDAN

State

WY

Zip Code

82801-9355

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELFOccupation  
MANAGER/EXECUTIVE

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		21		2016

**Transaction ID : SA11A.144**

Amount of Each Receipt this Period

500.00

☐ Memo Item  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)

**T. ANTHONY BROOKS****B.**

Mailing Address PO BOX 819

City

TETON VILLAGE

State

WY

Zip Code

83025-0819

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		23		2016

**Transaction ID : SA11A.145**

Amount of Each Receipt this Period

250.00

☐ Memo Item  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)

**MR KENNETH G. LAY****C.**

Mailing Address PO BOX 1985

City

GLENROCK

State

WY

Zip Code

82637-1985

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
THE ROCK CREEK GROUPOccupation  
SR MANAGING DIRECTOR

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		23		2016

**Transaction ID : SA11A.146**

Amount of Each Receipt this Period

2000.00

☐ Memo Item  
 CONTRIBUTION
**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

2750.00



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 9 OF 42

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Christensen for Congress

Full Name (Last, First, Middle Initial)

JIM WILSON

A.

Mailing Address 275 YELLOW ROSE DR.

City

ALTA

State

WY

Zip Code

83414-4539

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		26		2016

Transaction ID : SA11A.148

Amount of Each Receipt this Period

250.00

☐ Memo Item  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)

HON DREW A. PERKINS

B.

Mailing Address 1133 GRANADA AVE

City

CASPER

State

WY

Zip Code

82601-5932

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFFC

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		31		2016

Transaction ID : SA11A.150

Amount of Each Receipt this Period

250.00

☐ Memo Item  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)

JESSE CHRISTENSEN

C.

Mailing Address BOX 774170

City

STEAMBOAT SPRINGS

State

CO

Zip Code

80477-4170

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

CONTRACTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		02		2016

Transaction ID : SA11A.152

Amount of Each Receipt this Period

250.00

☐ Memo Item  
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

750.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 42

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Christensen for Congress**

Full Name (Last, First, Middle Initial)

**MR ROBERT D. CULVER**

Mailing Address PO BOX 943

City

JACKSON

State

WY

Zip Code

83001-0943

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		08		2016

Transaction ID : SA11A.155

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

**JESSE DRISKILL**

Mailing Address P.O. BOX 123

City

DEVILS TOWER

State

WY

Zip Code

82714-0123

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		08		2016

Transaction ID : SA11A.158

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

**MR FRED EMERICH**

Mailing Address PO BOX 903

City

CHEYENNE

State

WY

Zip Code

82003-0903

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		08		2016

Transaction ID : SA11A.156

Amount of Each Receipt this Period

200.00

☐ Memo Item  
CONTRIBUTION
**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

550.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 OF 42

☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)  
**Christensen for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MR CURT MEIER**

Mailing Address 4721 CR 18

City LA GRANGE State WY Zip Code 82221-

FEC ID number of contributing federal political committee. C

Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation INFORMATION REQUESTED PER BEST EFFC

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date 500.00

Date of Receipt

M M / D D / Y Y Y Y  
06 / 08 / 2016

Transaction ID : SA11A.154

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**IRENE M. CHURCHILL**

Mailing Address 7760 E GAINEY RANCH RD  
UNIT 4

City SCOTTSDALE State AZ Zip Code 85258-1633

FEC ID number of contributing federal political committee. C

Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation INFORMATION REQUESTED PER BEST EFFC

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date 500.00

Date of Receipt

M M / D D / Y Y Y Y  
06 / 14 / 2016

Transaction ID : SA11A.163

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR JEFF WASSERBURGER**

Mailing Address 4300 LONGHORN AVE

City GILLETTE State WY Zip Code 82718-7842

FEC ID number of contributing federal political committee. C

Name of Employer CAMPBELL COUNTY SCHOOL DISTRICT Occupation ADMINISTRATOR

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date 350.00

Date of Receipt

M M / D D / Y Y Y Y  
06 / 14 / 2016

Transaction ID : SA11A.159

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1100.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 12 OF 42

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Christensen for Congress

Full Name (Last, First, Middle Initial)

WILLIAM C. GARLOW

A.

Mailing Address 1601 8TH ST

City

CODY

State

WY

Zip Code

82414-4134

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SUNSET PROPERTIES INC

Occupation

LODGING OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		21		2016

Transaction ID : SA11A.168

Amount of Each Receipt this Period

2700.00

☐ Memo Item  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)

ROBERT MODEL

B.

Mailing Address PO BOX 158

City

CODY

State

WY

Zip Code

82414-0158

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

RANCHER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		21		2016

Transaction ID : SA11A.170

Amount of Each Receipt this Period

2700.00

☐ Memo Item  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)

ROBERT MODEL

C.

Mailing Address PO BOX 158

City

CODY

State

WY

Zip Code

82414-0158

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

RANCHER

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

5400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		21		2016

Transaction ID : SA11A.171

Amount of Each Receipt this Period

2700.00

☐ Memo Item  
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

8100.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 13 OF 42

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Christensen for Congress

Full Name (Last, First, Middle Initial)

JAMES E. NIELSON

A.

Mailing Address PO BOX 700

City

CODY

State

WY

Zip Code

82414-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFFC

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		21		2016

Transaction ID : SA11A.169

Amount of Each Receipt this Period

2700.00

☐ Memo Item  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)

MRS ANITA CHRISTENSEN

B.

Mailing Address 220 W ALTA RD

City

ALTA

State

WY

Zip Code

83414-4517

FEC ID number of contributing  
federal political committee.

C

Name of Employer

IDAHO

Occupation

TEACHER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

225.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		29		2016

Transaction ID : SA11A.190

Amount of Each Receipt this Period

25.00

☐ Memo Item  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)

SARAH A. CHRISTENSEN

C.

Mailing Address 265 WEST ALTA RD

City

ALTA

State

WY

Zip Code

83414-4517

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFFC

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2200.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		29		2016

Transaction ID : SA11A.179

Amount of Each Receipt this Period

2000.00

☐ Memo Item  
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4725.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 14 OF 42

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Christensen for Congress

Full Name (Last, First, Middle Initial)

MR DELBERT EITEL

A.

Mailing Address PO BOX 338

City

KAYCEE

State

WY

Zip Code

82639-0338

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFF

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		29		2016

Transaction ID : SA11A.180

Amount of Each Receipt this Period

200.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

RANDALL ATKINS

B.

Mailing Address 50 PRIMROSE LANE

City

SHERIDAN

State

WY

Zip Code

82801-9066

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RAMACO, LLC

Occupation

MINING DEV

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2016

Transaction ID : SA11A.201

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

ROBERT B. BETTS JR

C.

Mailing Address PO BOX 929

City

DUBOIS

State

WY

Zip Code

82513-0929

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RANCHER

Occupation

SELF EMPLOYED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1050.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2016

Transaction ID : SA11A.192

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1250.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 15 OF 42

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Christensen for Congress

Full Name (Last, First, Middle Initial)

ELIZABETH A. BRIMMER

A.

Mailing Address PO BOX 4838

City

JACKSON

State

WY

Zip Code

83001-4838

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFFC

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2016

Transaction ID : SA11A.194

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

BETH DURTSCHI

B.

Mailing Address 1386 NORTH 695 EAST

City

SHELLEY

State

ID

Zip Code

83274-5061

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFFC

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2016

Transaction ID : SA11A.200

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

GRANT DURTSCHI

C.

Mailing Address 1386 NORTH 695 EAST

City

SHELLEY

State

ID

Zip Code

83274-5061

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFFC

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2016

Transaction ID : SA11A.199

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1500.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 16 OF 42

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Christensen for Congress

Full Name (Last, First, Middle Initial)

MR J. L. WILSON

Mailing Address 625 GREENVILLE RD

City

ALTA

State

WY

Zip Code

83414-4522

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2016

Transaction ID : SA11A.191

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

28675.00



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 17 OF 42

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Christensen for Congress**

Full Name (Last, First, Middle Initial)

**A. CMDI**Mailing Address 1593 SPRING HILL RD  
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement  
DATA ENTRY SVC

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		01		2016

Amount of Each Disbursement this Period

33.15
-------

☐ Memo Item

Transaction ID : SB17-0.0002

**B. WYOMING REPUBLICAN PARTY**

Mailing Address PO BOX 984

City CHEYENNE State WY Zip Code 82003

Purpose of Disbursement  
LIST PURCHASE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		01		2016

Amount of Each Disbursement this Period

500.00
--------

☐ Memo Item

Transaction ID : SB17-0.0001

**C. AMERICAN EXPRESS**

Mailing Address PO BOX 53852

City PHOENIX State AZ Zip Code 85072

Purpose of Disbursement  
MERCHANT PROCESSING FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		05		2016

Amount of Each Disbursement this Period

58.10
-------

☐ Memo Item

Transaction ID : SB17-0.0004

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

591.25

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 18 OF 42

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Christensen for Congress**

Full Name (Last, First, Middle Initial)

**A. CMDI**Mailing Address 1593 SPRING HILL RD  
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement  
DATA ENTRY SVC

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		05		2016

Amount of Each Disbursement this Period

7.75
------

☐ Memo Item

Transaction ID : SB17-0.0003

**B. WYOMING REPUBLICAN PARTY**

Mailing Address PO BOX 984

City CHEYENNE State WY Zip Code 82003

Purpose of Disbursement  
REGISTRATION FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		06		2016

Amount of Each Disbursement this Period

700.00
--------

☐ Memo Item

Transaction ID : SB17-0.0005

**C. CMDI**

Full Name (Last, First, Middle Initial)

Mailing Address 1593 SPRING HILL RD  
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement  
DATA ENTRY SVC

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		07		2016

Amount of Each Disbursement this Period

798.00
--------

☐ Memo Item

Transaction ID : SB17-0.0006

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1505.75

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 19 OF 42

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Christensen for Congress

Full Name (Last, First, Middle Initial)

**A. ANNALIESE WIEDERSPSAHN**

Mailing Address 3905 BENT AVE

City	State	Zip Code
CHEYENNE	WY	82001

Purpose of Disbursement  
EVENT COLLATERAL MATERIALS

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

Date of Disbursement

M M / D D / Y Y Y Y
04 / 08 / 2016

Amount of Each Disbursement this Period

16580.00
----------

☐ Memo Item

Transaction ID : SB17-0.0007

**B. PATRIOT SIGNAGE**

Mailing Address 1001 SECOND AVE

City	State	Zip Code
DAYTON	KY	41074

Purpose of Disbursement  
EVENT COLLATERAL MATERIALS

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

Date of Disbursement

M M / D D / Y Y Y Y
04 / 08 / 2016

Amount of Each Disbursement this Period

16580.00
----------

☒ Memo Item

Transaction ID : SB17-1.0001

**C. CMDI**Mailing Address 1593 SPRING HILL RD  
SUITE 400

City	State	Zip Code
TYSONS CORNER	VA	22182

Purpose of Disbursement  
DATA ENTRY SVC

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

Date of Disbursement

M M / D D / Y Y Y Y
04 / 08 / 2016

Amount of Each Disbursement this Period

92.00
-------

☐ Memo Item

Transaction ID : SB17-0.0008

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

16672.00
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 20 OF 42

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Christensen for Congress**

Full Name (Last, First, Middle Initial)

**A. KRISTIN WALKER**

Mailing Address 6455 SPRING GULCH RD

City  
JACKSONState  
WYZip Code  
83001Purpose of Disbursement  
REGISTRATION FEE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		11		2016

Amount of Each Disbursement this Period

1375.00
---------

☐ Memo Item

Transaction ID : SB17-0.0009

**B. WYOMING REPUBLICAN PARTY**

Mailing Address PO BOX 984

City  
CHEYENNEState  
WYZip Code  
82003Purpose of Disbursement  
REGISTRATION FEE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		11		2016

Amount of Each Disbursement this Period

1375.00
---------

☒ Memo Item

Transaction ID : SB17-1.0002

**C. COMPLIANCE CONSULTING, LLC**

Mailing Address PO BOX 365

City  
MCLEANState  
VAZip Code  
22101Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		12		2016

Amount of Each Disbursement this Period

2100.00
---------

☐ Memo Item

Transaction ID : SB17-0.0010

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3475.00
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 21 OF 42

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Christensen for Congress**

Full Name (Last, First, Middle Initial)

**A. CMDI**Mailing Address 1593 SPRING HILL RD  
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement  
DATA ENTRY SVC

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		15		2016

Amount of Each Disbursement this Period

7.85
------

☐ Memo Item

Transaction ID : SB17-0.0011

**B. INTUIT**

Mailing Address 2700 COAST AVE

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		18		2016

Amount of Each Disbursement this Period

18.86
-------

☐ Memo Item

Transaction ID : SB17-0.0012

**C. ERIN BEGEMAN**

Mailing Address 1246 ALYSSA WAY

City CHEYENNE State WY Zip Code 82009

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		20		2016

Amount of Each Disbursement this Period

504.98
--------

☐ Memo Item

Transaction ID : SB17-0.0013

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

531.69

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 22 OF 42

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Christensen for Congress

Full Name (Last, First, Middle Initial)

**A. HILTON GARDEN INN**

Mailing Address 1150 N POPLAR ST

City	State	Zip Code
CASPER	WY	82601

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		20		2016

Amount of Each Disbursement this Period

504.98
--------

☒ Memo Item

Transaction ID : SB17-1.0003

**B. ANNALIESE WIEDERSPSAHN**

Mailing Address 3905 BENT AVE

City	State	Zip Code
CHEYENNE	WY	82001

Purpose of Disbursement  
DELIVERY/FOOD/BEVERAGE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		21		2016

Amount of Each Disbursement this Period

630.60
--------

☐ Memo Item

Transaction ID : SB17-0.0014

**C. ALBERTSONS**

Mailing Address 5800 YELLOWSTONE RD

City	State	Zip Code
CHEYENNE	WY	82009

Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		21		2016

Amount of Each Disbursement this Period

151.54
--------

☒ Memo Item

Transaction ID : SB17-1.0005

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

630.60

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 23 OF 42

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Christensen for Congress

Full Name (Last, First, Middle Initial)

**A. FED EX**

Mailing Address 1419 ALBANY AVE

City	State	Zip Code
CHEYENNE	WY	82001

Purpose of Disbursement  
DELIVERY

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For:	Primary	General
	Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		21		2016

Amount of Each Disbursement this Period

479.06
--------

☒ Memo Item

Transaction ID : SB17-1.0004

**B. CMDI**

Full Name (Last, First, Middle Initial)

Mailing Address 1593 SPRING HILL RD  
SUITE 400

City	State	Zip Code
TYSONS CORNER	VA	22182

Purpose of Disbursement  
DATA ENTRY SVC

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For:	Primary	General
	Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		22		2016

Amount of Each Disbursement this Period

17.65
-------

☐ Memo Item

Transaction ID : SB17-0.0015

**C. NATION BUILDER**

Full Name (Last, First, Middle Initial)

Mailing Address 520 S GRAND AVE 2ND FLOOR  
#200

City	State	Zip Code
LOS ANGELES	CA	90071

Purpose of Disbursement  
WEB SERVICE/SUBSCRIPTION

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For:	Primary	General
	Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		25		2016

Amount of Each Disbursement this Period

1388.40
---------

☐ Memo Item

Transaction ID : SB17-0.0016

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

1406.05

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 24 OF 42

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Christensen for Congress**

Full Name (Last, First, Middle Initial)

**A. CMDI**Mailing Address 1593 SPRING HILL RD  
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement  
DATA ENTRY SVC

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		29		2016

Amount of Each Disbursement this Period

22.95
-------

☐ Memo Item

Transaction ID : SB17-0.0017

**B. OGDEN DRISKILL**

Mailing Address PO BOX 155

City DEVILS TOWER State WY Zip Code 82714

Purpose of Disbursement  
FACILITY RENTAL/CATERING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		02		2016

Amount of Each Disbursement this Period

742.24
--------

☐ Memo Item

Transaction ID : SB17-0.0019

**C. PARKWAY PLAZA HOTEL**

Mailing Address 123 WEST E ST

City CASPER State WY Zip Code 82601

Purpose of Disbursement  
FACILITY RENTAL/CATERING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		02		2016

Amount of Each Disbursement this Period

742.24
--------

☒ Memo Item

Transaction ID : SB17-1.0009

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

765.19



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 25 OF 42

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Christensen for Congress

Full Name (Last, First, Middle Initial)

**A. OGDEN DRISKILL**

Mailing Address PO BOX 155

City	State	Zip Code
DEVILS TOWER	WY	82714

Purpose of Disbursement  
IN KIND-FACILITY RENTAL/CATERING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		02		2016

Amount of Each Disbursement this Period

500.00
--------

☐ Memo Item

Transaction ID : SB17-0.0020

**B. GRANT ROGERS**

Mailing Address PO BOX 606

City	State	Zip Code
JACKSON	WY	83001

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		02		2016

Amount of Each Disbursement this Period

438.72
--------

☐ Memo Item

Transaction ID : SB17-0.0018

**C. EXXON**

Mailing Address 60 SE WYOMING BLVD

City	State	Zip Code
CASPER	WY	82070

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		02		2016

Amount of Each Disbursement this Period

29.54
-------

☒ Memo Item

Transaction ID : SB17-1.0008

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

938.72

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 26 OF 42

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Christensen for Congress

Full Name (Last, First, Middle Initial)

**A. HOLIDAY INN EXPRESS**

Mailing Address 4250 LEGION LANE

City	State	Zip Code
CASPER	WY	82601

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		02		2016

Amount of Each Disbursement this Period

380.41
--------

☒ Memo Item

Transaction ID : SB17-1.0006

**B. SAFEWAY**

Mailing Address 556 N 3RD ST

City	State	Zip Code
LARAMIE	WY	82070

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		02		2016

Amount of Each Disbursement this Period

28.77
-------

☒ Memo Item

Transaction ID : SB17-1.0007

**C. ANNALIESE WIEDERSPSAHN**

Mailing Address 3905 BENT AVE

City	State	Zip Code
CHEYENNE	WY	82001

Purpose of Disbursement  
EVENT COLLATERAL MATERIALS

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		03		2016

Amount of Each Disbursement this Period

1393.35
---------

☐ Memo Item

Transaction ID : SB17-0.0022

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1393.35
---------

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 27 OF 42

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Christensen for Congress

Full Name (Last, First, Middle Initial)

**A. SHIRTS & MORE INC**

Mailing Address 371 MAIN ST

City	State	Zip Code
LANDER	WY	82520

Purpose of Disbursement  
EVENT COLLATERAL MATERIALS

Candidate Name

Office Sought:	House
	Senate
	President

State: District:

Disbursement For:	Primary	General
	Other (specify)	

Date of Disbursement

M M / D D / Y Y Y Y
05 / 03 / 2016

Amount of Each Disbursement this Period

1393.35
---------

☒ Memo Item

Transaction ID : SB17-1.0010

**B. GLIFFEN DESIGNS**Mailing Address PO BOX 12932  
4125 S HWY 89 OFFICE 1

City	State	Zip Code
JACKSON	WY	83002

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Office Sought:	House
	Senate
	President

State: District:

Disbursement For:	Primary	General
	Other (specify)	

Date of Disbursement

M M / D D / Y Y Y Y
05 / 03 / 2016

Amount of Each Disbursement this Period

305.50
--------

☐ Memo Item

Transaction ID : SB17-0.0021

**C. CMDI**Mailing Address 1593 SPRING HILL RD  
SUITE 400

City	State	Zip Code
TYSONS CORNER	VA	22182

Purpose of Disbursement  
DATA ENTRY SVC

Candidate Name

Office Sought:	House
	Senate
	President

State: District:

Disbursement For:	Primary	General
	Other (specify)	

Date of Disbursement

M M / D D / Y Y Y Y
05 / 04 / 2016

Amount of Each Disbursement this Period

6.30
------

☐ Memo Item

Transaction ID : SB17-0.0023

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

311.80

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 28 OF 42

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Christensen for Congress

Full Name (Last, First, Middle Initial)

**A. AMERICAN EXPRESS**

Mailing Address PO BOX 53852

City	State	Zip Code
PHOENIX	AZ	85072

Purpose of Disbursement  
MERCHANT PROCESSING FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
05 / 05 / 2016

Amount of Each Disbursement this Period

112.17
--------

☐ Memo Item

Transaction ID : SB17-0.0025

**B. CMDI**Mailing Address 1593 SPRING HILL RD  
SUITE 400

City	State	Zip Code
TYSONS CORNER	VA	22182

Purpose of Disbursement  
DATA ENTRY SVC

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
05 / 06 / 2016

Amount of Each Disbursement this Period

798.00
--------

☐ Memo Item

Transaction ID : SB17-0.0024

**C. MAMMOTH MARKETING GROUP LLC**

Mailing Address 905 NUECES ST

City	State	Zip Code
AUSTIN	TX	78701

Purpose of Disbursement  
PRINTING/EVENT COLLATERAL MATERIALS

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
05 / 09 / 2016

Amount of Each Disbursement this Period

4495.31
---------

☐ Memo Item

Transaction ID : SB17-0.0026

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

5405.48

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 29 OF 42

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Christensen for Congress**

Full Name (Last, First, Middle Initial)

**A. CMDI**Mailing Address 1593 SPRING HILL RD  
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement  
DATA ENTRY SVC

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		13		2016

Amount of Each Disbursement this Period

2.25
------

☐ Memo Item

Transaction ID : SB17-0.0027

**B. THREE ELEPHANT PUBLIC RELATIONS**

Mailing Address 6455 SPRING GULCH ROAD

City JACKSON State WY Zip Code 83001

Purpose of Disbursement  
DELIVERY/OFFICE SUPPLIES/WEB SERVICE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		16		2016

Amount of Each Disbursement this Period

2899.04
---------

☐ Memo Item

Transaction ID : SB17-0.0028

**C. INTUIT**

Mailing Address 2700 COAST AVE

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		17		2016

Amount of Each Disbursement this Period

18.86
-------

☐ Memo Item

Transaction ID : SB17-0.0029

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2920.15

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 30 OF 42

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Christensen for Congress

Full Name (Last, First, Middle Initial)

**A. GRANT ROGERS**

Mailing Address PO BOX 606

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		19		2016

City	State	Zip Code
JACKSON	WY	83001

Amount of Each Disbursement this Period

3000.00
---------

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTINGCategory/  
Type☐ Memo Item

Transaction ID : SB17-0.0030

Candidate Name

Office Sought:	House	Disbursement For:
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial)

**B. CMDI**Mailing Address 1593 SPRING HILL RD  
SUITE 400

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		20		2016

City	State	Zip Code
TYSONS CORNER	VA	22182

Amount of Each Disbursement this Period

0.75
------

Purpose of Disbursement  
DATA ENTRY SVCCategory/  
Type☐ Memo Item

Transaction ID : SB17-0.0031

Candidate Name

Office Sought:	House	Disbursement For:
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**C. COMPLIANCE CONSULTING, LLC**

Mailing Address PO BOX 365

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		25		2016

City	State	Zip Code
MCLEAN	VA	22101

Amount of Each Disbursement this Period

2100.00
---------

Purpose of Disbursement  
COMPLIANCE CONSULTINGCategory/  
Type☐ Memo Item

Transaction ID : SB17-0.0032

Candidate Name

Office Sought:	House	Disbursement For:
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

5100.75

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 31 OF 42

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Christensen for Congress**

Full Name (Last, First, Middle Initial)

**A. CMDI**Mailing Address 1593 SPRING HILL RD  
SUITE 400City State Zip Code  
TYSONS CORNER VA 22182Purpose of Disbursement  
DATA ENTRY SVC

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
05	27	2016

Amount of Each Disbursement this Period

27.45
-------

☐ Memo Item

Transaction ID : SB17-0.0033

**B. LELAND CHRISTENSEN**

Mailing Address 220 WEST ALTA RD.

City State Zip Code  
ALTA WY 83414Purpose of Disbursement  
TRAVEL/EQUIPMENT PURCHASE/FOOD/BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
06	03	2016

Amount of Each Disbursement this Period

667.63
--------

☐ Memo Item

Transaction ID : SB17-0.0034

**C. 24 HOUR C STORE**

Mailing Address 1704 ELK ST

City State Zip Code  
ROCK SPRINGS WY 82901Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
06	03	2016

Amount of Each Disbursement this Period

59.29
-------

☒ Memo Item

Transaction ID : SB17-1.0021

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

695.08

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 32 OF 42

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Christensen for Congress

Full Name (Last, First, Middle Initial)

**A. BIG D KWIK SHOP**

Mailing Address 111 N HWY 14/16

City	State	Zip Code
GILLETTE	WY	82716

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:	House
	Senate
	President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y
06 / 03 / 2016

Amount of Each Disbursement this Period

26.38
-------

☒ Memo Item

Transaction ID : SB17-1.0011

**B. BLOEDORN LUMBER**

Mailing Address 1551 STILLWATER AVE

City	State	Zip Code
CHEYENNE	WY	82003

Purpose of Disbursement  
EQUIPMENT PURCHASE

Candidate Name

Office Sought:	House
	Senate
	President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y
06 / 03 / 2016

Amount of Each Disbursement this Period

29.44
-------

☒ Memo Item

Transaction ID : SB17-1.0022

**C. LOWE'S**

Mailing Address 1608 PRAIRIE AVE

City	State	Zip Code
CHEYENNE	WY	82009

Purpose of Disbursement  
EQUIPMENT PURCHASE

Candidate Name

Office Sought:	House
	Senate
	President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y
06 / 03 / 2016

Amount of Each Disbursement this Period

152.43
--------

☒ Memo Item

Transaction ID : SB17-1.0019

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 33 OF 42

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Christensen for Congress**

Full Name (Last, First, Middle Initial)

**A. MAVERIK**

Mailing Address 140 GARDENIA DR

City	State	Zip Code
CHEYENNE	WY	82009

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
06 / 03 / 2016

Amount of Each Disbursement this Period

47.99
-------

☒ Memo Item

Transaction ID : SB17-1.0013

**B. MCDONALD'S**

Mailing Address 1110 W BROADWAY

City	State	Zip Code
JACKSON	WY	83001

Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
06 / 03 / 2016

Amount of Each Disbursement this Period

16.80
-------

☒ Memo Item

Transaction ID : SB17-1.0016

**C. SAM'S CLUB**

Mailing Address 1948 DELL RANGE BLVD

City	State	Zip Code
CHEYENNE	WY	82009

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
06 / 03 / 2016

Amount of Each Disbursement this Period

72.22
-------

☒ Memo Item

Transaction ID : SB17-1.0018

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 34 OF 42

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Christensen for Congress

Full Name (Last, First, Middle Initial)

**A. THE EGG AND I**

Mailing Address 2300 CAREY AVE

City	State	Zip Code
CHEYENNE	WY	82001

Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Office Sought:	House
	Senate
	President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

Date of Disbursement

M M / D D / Y Y Y Y
06 / 03 / 2016

Amount of Each Disbursement this Period

17.58
-------

☒ Memo Item

Transaction ID : SB17-1.0014

**B. THE WORT HOTEL**

Mailing Address 50 GLENWOOD ST

City	State	Zip Code
JACKSON	WY	83001

Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Office Sought:	House
	Senate
	President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

Date of Disbursement

M M / D D / Y Y Y Y
06 / 03 / 2016

Amount of Each Disbursement this Period

14.58
-------

☒ Memo Item

Transaction ID : SB17-1.0015

**C. TRACTOR SUPPLY CO**

Mailing Address 10643 HYNDS BLVD

City	State	Zip Code
CHEYENNE	WY	82009

Purpose of Disbursement  
EQUIPMENT PURCHASE

Candidate Name

Office Sought:	House
	Senate
	President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

Date of Disbursement

M M / D D / Y Y Y Y
06 / 03 / 2016

Amount of Each Disbursement this Period

47.41
-------

☒ Memo Item

Transaction ID : SB17-1.0017

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 35 OF 42

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Christensen for Congress

Full Name (Last, First, Middle Initial)

**A. VALLEY LUMBER AND SUPPLY CO**

Mailing Address 290 NORTH 2ND ST

City  
LANDERState  
WYZip Code  
82520Purpose of Disbursement  
EQUIPMENT PURCHASE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		03		2016

Amount of Each Disbursement this Period

157.92
--------

☒ Memo Item

Transaction ID : SB17-1.0020

**B. WALMART**

Mailing Address 2390 E CEDAR ST

City  
RAWLINSState  
WYZip Code  
82301Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		03		2016

Amount of Each Disbursement this Period

25.59
-------

☒ Memo Item

Transaction ID : SB17-1.0012

**C. CMDI**Mailing Address 1593 SPRING HILL RD  
SUITE 400City  
TYSONS CORNERState  
VAZip Code  
22182Purpose of Disbursement  
DATA ENTRY SVC

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		03		2016

Amount of Each Disbursement this Period

17.65
-------

☐ Memo Item

Transaction ID : SB17-0.0035

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

17.65
-------

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 36 OF 42

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Christensen for Congress

Full Name (Last, First, Middle Initial)

**A. AMERICAN EXPRESS**

Mailing Address PO BOX 53852

City	State	Zip Code
PHOENIX	AZ	85072

Purpose of Disbursement  
MERCHANT PROCESSING FEES

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
06 / 06 / 2016

Amount of Each Disbursement this Period

1366.91
---------

☐ Memo Item

Transaction ID : SB17-0.0036

**B. CMDI**Mailing Address 1593 SPRING HILL RD  
SUITE 400

City	State	Zip Code
TYSONS CORNER	VA	22182

Purpose of Disbursement  
DATA ENTRY SVC

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
06 / 07 / 2016

Amount of Each Disbursement this Period

798.00
--------

☐ Memo Item

Transaction ID : SB17-0.0037

**C. THREE ELEPHANT PUBLIC RELATIONS**

Mailing Address 6455 SPRING GULCH ROAD

City	State	Zip Code
JACKSON	WY	83001

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
06 / 09 / 2016

Amount of Each Disbursement this Period

565.00
--------

☐ Memo Item

Transaction ID : SB17-0.0038

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

1366.91



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 38 OF 42

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Christensen for Congress

Full Name (Last, First, Middle Initial)

**A. CMDI**Mailing Address 1593 SPRING HILL RD  
SUITE 400City State Zip Code  
TYSONS CORNER VA 22182Purpose of Disbursement  
DATA ENTRY SVC

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		24		2016

Amount of Each Disbursement this Period

1.23
------

☐ Memo Item

Transaction ID : SB17-0.0042

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y

Amount of Each Disbursement this Period

--

☐ Memo Item**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y

Amount of Each Disbursement this Period

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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1.23
------

43769.44
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**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 39 OF 42

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC01

Christensen for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

LELAND CHRISTENSEN

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼Mailing Address  
220 W ALTA RD

City	State	ZIP Code
ALTA	WY	83414

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<input type="text" value="4500.00"/>	<input type="text" value="0.00"/>	<input type="text" value="4500.00"/>

**TERMS**

Date Incurred

 /  / 

Date Due

 /  / 

Interest Rate

 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text" value=""/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text" value=""/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text" value=""/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text" value=""/>

**SUBTOTALS** This Period This Page (optional)..... ►**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB  
.

Form/Schedule: SC/10  
Transaction ID : SC01

CANDIDATE LOAN FROM PERSONAL FUNDS

Form/Schedule:  
Transaction ID:



**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 41 OF 42

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC01\_B

Christensen for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

LELAND CHRISTENSEN

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼Mailing Address  
220 W ALTA RD

City	State	ZIP Code
ALTA	WY	83414

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2000.00	0.00	2000.00

**TERMS**

Date Incurred

M 03 / D 31 / Y 2016 Y

Date Due

M M / D D / ON DEMAND Y

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

2000.00

**TOTALS** This Period (last page in this line only)..... ►

6500.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A=N5HCB  
.

Form/Schedule: SC/10

Transaction ID : SC01\_B

CANDIDATE LOAN FROM PERSONAL FUNDS

Form/Schedule:

Transaction ID: